

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914165
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
1	/		/		/	
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TOTAL IND.					5	
TOTAL DEP.					43	
TOTAL CLAIMS					48	

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	IND.	DEP.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS